

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1255

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City K.C. Mo (No. Murray Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 293
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Smithville Mo St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-18-37</u>		
7. AGE	YEARS	MONTHS
		<u>2</u>
		DAYS
		<u>6</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chief</u>	157C
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>107A/57</u>	89A/57
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithville Mo

13. NAME James Reed
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. St.

15. MAIDEN NAME Wick
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wick

17. INFORMANT Father - James Reed
(ADDRESS) Smithville Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Barbaro, Mo DATE 1/25/3819. UNDERTAKER McCormac Co.
(ADDRESS) Smithville Mo20. FILED Jan 24 38 32 Mo. Reg.
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/24, 193822. I HEREBY CERTIFY, That I attended deceased from 1-21, 1938, to 1-24, 1938I last saw him alive on 1-24, 1938. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset _____157C
107A/57
89A/57Other contributory causes of importance:
Spontaneous Heart Disease
High Blood Pressure

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ①

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. K. Campbell M. D.(Address) Murray Hospital K.C. Mo

